KONAN MEDICAL

CERTIFICATE of ORIGIN

DATE: APRIL 9, 2024

INVOICE NUMBER: SO11109

LETTER of CREDIT: 24CDI00032278O00

SENDER:
KONAN MEDICAL USA, INC.
JOHN OROZCO
15770 LAGUNA CANYON RD
SUITE 150
IRVINE, CA 92618
TEL: +1 (949) 576 2240
FAX: +1 (949) 576 2298

FINAL DESTINATION:
SOCIETE MASELEC TUNISIA
Mme CHRITI NOURA
1002 48 RUE D'IRAN
LAFAYETTE
TUNIS, TUNISIA
TEL: +216 98 199 739

QUANTITY	HS TARIFF CODE CLASSIFICATION NUMBER	PART NUMBER	DESCRIPTION	UNIT PRICE	COUNTRY of ORIGIN
1	9011.10.4000	PR-SM-D+-INTL	OPHTHALMIC INSTRUMENTS: 1 UNIT CELLCHEK D+ INTERNATIONAL	26565USD	JAPAN

Shipment Weight: 75 LBS

AUTHORIZED SIGNATURE

Fulfillment Mgr
TITLE

April 9, 2024
DATE